FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0076 February 28, 2009 Expires: Estimated average burden hours per form ...

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION

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FFR 10 2008

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Galleon Access Ltd. (the "Issuer")
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Galleon Access Ltd. 09001298
Address of Executive Offices (Number and Street, City, State, ZIP Code) Telephon.
c/o Merrill Lynch Alternative Investments LLC, 2 World Financial Center, 225 Liberty Street, 7th (866) 637-2587
Floor, New York, NY 10281
Address of Principal Business Operations (Number and Street, City, State, ZIP Code) Telephone Number (Including Area Code)
(if different from Executive Offices) same as above same as above
Brief Description of Business To invest substantially all of its assets into Galleon Diversified Segregated Portfolio of Galleon Offshore, SPC Ltd.,
which seeks to realize high risk-adjusted returns over a market cycle by investing in various collective investment vehicles, managed accounts or
similar investment vehicles, managed by Galleon Management, L.P., or its affiliates.
Type of Business Organization
corporation limited partnership, already formed other (please specify): limited liability company
business trust limited partnership, to be formed
Actual or Estimated Date of Incorporation or Organization: O O O O O O O O O O O O O

GENERAL INSTRUCTIONS

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless form displays a currently valid OMP number.

Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	A. BASIC IDENTIFICATION DATA		
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each general and managing partner of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply:	2. Enter the information requested for the following:		
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter	 Each promoter of the issuer, if the issuer has been organized within the past five years; 		
Each general and managing partner of partnership issuers. Check Box(es) that Apply:		n of, 10% or more of	f a class of equity securities of
Check Box(es) that Apply:		ing partners of partne	ership issuers; and
Business or Residence Address (Number and Street, City, State, Zip Code) 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281 Check Box(es) that Apply:		Director	
Business or Residence Address (Number and Street, City, State, Zip Code) 2 World Financial Center, 225 Liberty Street, 7th Boor, New York, NY 10281 Check Box(es) that Apply:			
Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) c/o MLA1, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281 Check Box(es) that Apply:	Business or Residence Address (Number and Street, City, State, Zip Code)		14
Business or Residence Address (Number and Street, City, State, Zip Code) c/o MLA1, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281 Check Box(es) that Apply:	Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	_
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lee, Thomas W. Business or Residence Address (Number and Street, City, State, Zip Code) c/o MILAI, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) c/o MILAI, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Ferri, Justin		······································
Managing Partner Business or Residence Address (Number and Street, City, State, Zip Code) Co MLAI, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Co MLAI, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	Business or Residence Address (Number and Street, City, State, Zip Code) c/o MLAI, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281		
Lee, Thomas W. Business or Residence Address (Number and Street, City, State, Zip Code) c/o MLA1, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281 Check Box(es) that Apply:	Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual)	Lee, Thomas W.		
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) c/o MLAI, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Business or Residence Address (Number and Street, City, State, Zip Code) c/o MLAI, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281		
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Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Business or Residence Address (Number and Street, City, State, Zip Code) c/o MLAI, 2 World Financial Center, 225 Liberty Street, 7th Floor, New York, NY 10281		•
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Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Business or Residence Address (Number and Street, City, State, Zip Code)		
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Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	Full Name (Last name first, if individual)		
Managing Partner Full Name (Last name first, if individual)	Business or Residence Address (Number and Street, City, State, Zip Code)		
	Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	_
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if individual)		
	Business or Residence Address (Number and Street, City, State, Zip Code)		

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					В	. INFORM	IATION A	BOUT OF	FERING					
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1.	Has the	e issuer sol	d, or does	the issuer	intend to se	ell, to non-a	accredited in	nvestors in t	his offering	3?	· · · · · · · · · · · · · · · · · · ·			\boxtimes .
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2.	What is	s the minin	num inves	tment that	will be acc	epted from	any individ	iual?	***********				\$100,00	00(a)
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indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Alread
Type of Security	Offering Price	Sold
Debt	\$0	\$0
Equity	\$ 0	\$0
Common Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0 -	50
Other (Specify Redeemable, participating shares (the "Shares")(b))	\$500,000,000(c)	\$34,428,590.27
Total	\$500,000,000(c)	\$ 34,428,590.27
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines Enter "0" if answer is "none" or "zero."	Ī	
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	66	\$34,428,590.27
Non-accredited investors	0	\$0
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE.	N/A	\$N/A
Total (for filings under Rule 504 only)	N/A	
Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of	N/A	
Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	N/A Type of	\$N/A Dollar Amount
Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering	Type of Security	SN/A Dollar Amount Sold
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505	Type of Security N/A	Dollar Amount Sold SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505	Type of Security N/A N/A	Dollar Amount Sold SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504	Type of Security N/A N/A N/A	Dollar Amount Sold SN/A SN/A
Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505	Type of Security N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total Total	Type of Security N/A N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A SN/A
Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees	Type of Security N/A N/A N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs	Type of Security N/A N/A N/A N/A N/A	Dollar Amount Sold SN/A SN/A SN/A SN/A SN/A
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees	Type of Security N/A N/A N/A N/A N/A N/A	\$N/A Dollar Amount Sold \$N/A \$N/A \$N/A \$N/A \$N/A \$10,000 \$100,000
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees	Type of Security N/A N/A N/A N/A N/A N/A	\$N/A Dollar Amount Sold \$N/A \$N/A \$N/A \$N/A \$N/A \$10,000 \$100,000 \$30,000 \$0
Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees	Type of Security N/A N/A N/A N/A N/A N/A	\$N/A Dollar Amount Sold \$N/A \$N/A \$N/A \$N/A \$N/A \$10,000 \$100,000 \$30,000 \$0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING	PRICE, NUMBER OF INVESTORS, EXPENS	SES AND USE OF F	ROCEEDS	
	b. Enter the difference between expenses furnished in response to Part is fuer."	the aggregate offering price given in response to C - Question 4.a. This difference is the "adjusted	Part C - Question I I gross proceed proc	and eeds	-
_	To Broke to decorate a consequence of decorate	off and a company of the first control of	131.C-		\$487,350,000
to th	purposes shown. If the amount f	adjusted gross proceeds to the issuer used or project any purpose is not known, furnish an estimate the payments listed must equal the adjusted on 4.b above.	nate and check the	box	
				Payments to	
				Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		⊠	\$0	So so
	Purchase of real estate		⊠	\$0	⊠ \$0
	Purchase, rental or leasing and insta	Illation of machinery and equipment	⊠	\$0	⋈ \$0
	Construction or leasing of plant bui	dings and facilities	⊠	\$0	⋈ \$ 0
	offering that may be used in exchan	luding the value of securities involved in this ge for the assets or securities of another		\$0	⋈ \$0
	• -		_		
		nents			\$487,350,000
			⊠	\$0	⊠ \$0
	Column Totals			\$0	\$487,350,000
Total Payments Listed (column totals added)				\$487,3	50,000
		D. FEDERAL SIGNATURE			
ignat	are constitutes an undertaking by the is:	gned by the undersigned duly authorized person. Issuer to furnish to the U.S. Securities and Exchangen-accredited investor pursuant to paragraph (b)(2) of the control of t	Commission, upon v	inder Rule 505, the vritten request of it	following s staff, the
	(Print or Type)		Date		
Jalle	on Access Ltd.		February 4	, 2009	
Vame	of Signer (Print or Type)	Time of Signer (Print or Type)		 -	. •
ustin	Ferri	Director			
					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

- (b) The Issuer is offering three (3) Classes of Shares (Class A, Class C and Class I). The three (3) Classes are subject to different fees and eligibility requirements which are based on the investor's cumulative investment in the HedgeAccess Program as a whole. Each Class is further divided into two (2) Series, the (h) Series for investors eligible to participate in "new issues" as defined by applicable rules of the Financial Industry Regulatory Authority, Inc. (the "FINRA") and the (r) Series for investors restricted by applicable rules of the FINRA.
- (c) Estimated maximum aggregate offering amount.
- (d) Estimated maximum aggregate sales commission to be paid to properly registered selling agents. The amount of sales commission to be deducted from the investor's subscription amount varies from 0% to 2.50% based on the investor's cumulative investment in the HedgeAccess Program as a whole.

